STOP PAYMENT REQUEST
UPR/F161
R3/99

FOR OSUP USE
Stop Payment Date:

<table>
<tr><td colspan="3">FOR AGENCY USE</td></tr>
<tr><td>CTRL#</td><td colspan="2">AGENCY</td></tr>
</table>

PAYROLL Acct. **#79004-05604** ☐	**CHECK NO.**	**NET AMOUNT** $	**CHECK DATE**
SUPP Acct. **#79004-05582** ☐	**PAYEE (LAST NAME, FIRST NAME)**		
SERVICE Acct. **#95000-0655** ☐	**REASON FOR STOP PAYMENT**		
ENDORSED? NO / YES	**HOW?**		

ATTACHMENTS
(See Section 2.07 of the Standard Acct. Procedures Manual for information on required documentation)
CERTIFICATE (check one)

UPR/F162 ☐ **UPR/F164** ☐

AUTHORIZED SIGNATURE	**DATE**	
		AUTHORIZER NAME
		TELEPHONE #( )

FOR OSUP USE

PRIOR STMT ? NO / YES	**Check Outstanding** ☐ **Statement Not Received** ☐	**Bank Statement Dated**	**Approved By**

BANK INFORMATION

Person Called	Time	Caller's Initials	**CONFIRMATION STATUS**
			Outstanding ☐
Confirmed By	Time	Call Rec'd By	**Paid** ☐ ***request copy of check**
			Date Paid:

COMMENTS

AGED OUTSTANDING CHECK ☐